TITLE OF THE THESIS:

An analytical study of the Anganwadi Scheme and its impact on rural economy with special reference to Nagpura sector of Durg district of Chhattisgarh.

1.INTRODUCTION

THE rate of rural development in India, is lesser than urban development. By rural development, here, we mean the actions which are mainly taken for the socio – economic development of the rural areas of the country. It is a process of improving the quality of life and economic well being of people living in relatively isolated and sparsely populated areas . Rural development is also characterized by its emphasis on locally produced economic development strategies. India is a country suffering from malnourishment, high mortality rate & poverty. The problem is high in the rural parts of the country. In order to counter the health and mortality issues gripping the rural parts of the country , a need of medical and health care experts was felt by the government of India.

A comprehensive and integrated early childhood services were regarded as investment in future economic and social progress of the country for both the urban and the rural areas of our country.

Accordingly a scheme for integrated child care services was worked out for implementation in all states. The integrated child development services

(ICDS) scheme was launched in the year 1975, with 33 projects in community development blocks and 4891 Anganwadi centers on a pilot basis keeping in view the need to holistically address health, nutrition and educational needs of children and future mothers.

The Integrated Child Development Schemes are a collaborative effort of the central and state government. It is implemented through a platform of Anganwadi center at village/ habitation level. The term 'Anganwadi' means courtyard in Hindi. In rural areas an *Angan* is where people socialize. A typical Anganwadi center is a kind of play school cum a health center. It may also be used as depots for ORS ,medicines and contraceptives. An Anganwadi center provides basic health care in Indian villages as a part of Indian Public healthcare system.

The government of India has approved fourteen lakh Anganwadi centers till 2010. Through an Anganwadi system the country is trying to meet its goal of enhanced health facilities that are affordable and easily accessible by the local population.

Each of these Anganwadis are taken care by an Anganwadi worker and a helper. Anganwadi is managed by an Anganwadi worker and an assistant Anganwadi worker. She is a health worker usually high school passed ; given four month training in health care and nutrition. They are grass root functionaries to implement the integrated child development services scheme. The workers and helpers are envisaged as honorary workers from the local community , who come forward to render their services, on part time basis. On an average four to five hours a day in the area of child care and development.

Let us now have a look on the functions performed in an Anganwadi center under the ICDS scheme.

1.1 FUNCTIONS OF AN ANGANWADI.

- Supplementary nutrition
- Immunization
- Health check ups
- Referral services
- Non formal preschool education.
- Nutrition and health education.

The *population norms* for setting up of an Anganwadi center as given by Ministry of Women and Child Development is as under:

Anganwadi centers for rural \urban projects

Population 400-800 – 1 Anganwadi center

Population 800-1600 – 2 Anganwadi centers

Population 1600-2400 – 3 Anganwadi centers

Thereafter in multiples of 800 for 1 Anganwadi center.

We shall now see the roles and responsibilities of an Anganwadi worker and helper under ICDS scheme

1.2 ROLE AND RESPONSIBILITIES OFAN ANGANWADI WORKER .

- To elicit community support and participation in running the programme.

- To weigh each child every month , record the weight graphically on the growth card, use these referral cards for referring cases of mothers / children to public health centers / sub centers.

- To maintain health cards for children below six years and produce them before visiting medical/ paramedical personnel.

- To carry out a quick survey of all families especially mother and children in those families. In their respective areas of work. Once in a year.
- To organize non formal pre-school activities in the Anganwadi of children 3 to 6 years of age.& help in designing and making of toys and play equipment of indigenous origin for use in the Anganwadi.

- To organize supplementary nutrition feeding for children (0 -6) years, and expectant and nursing mothers by planning the menu based on locally available food and local recipes.

- To provide health, nutrition, education and counseling on breast feeding / infant and young feeding practices to mothers. Anganwadi worker being close to local community can motivate married women to adopt family planning / birth control measures.

- Anganwadi workers shall share the information regarding / relating to births that took place during the month with the panchayat secretary/ gram sabha sewak/ANM, who so ever has been notified as registrar of births/deaths in that village.

- To make home visits for educating parents to enable mothers to plan an effective role in child's growth and development, with special emphasis in new born children.

- To maintain files and records as subscribed.

- To assist PHC staff in implementation of health component of the programmes such as immunization , health check up etc.
- To assist ANM in administration of IFA and vitamin A by keeping stock of both medicines.

- To share information collected under ICDS scheme with ANM.

- To bring into notice of supervisors /CDPO any development in the village which requires their attention.

- To maintain liaison with other institutions (mahila mandals) & involve lady school teachers which have relevance to their functionaries.

- To guide Accredited Social health Activist (ASHA) engaged under National Rural Heath Mission (NHRM) in delivery of health services.

- To assist the implementation of Kishori Shakti Yogana(KSY)and motivate and educate adolescent girls / their parents by organizing awareness campaigns.

- AWW would also assist in implementation of Nutrition Programme for Adolescent girls (NPAG) as per guidelines of the scheme
  .
- To identify disability among children during home visit & refer the case immediately to nearest PHC or district disability rehabilitation center.

- To support in organizing Pulse Polio Immunization (PPI) drives.

- To inform the ANM in case of emergency cases viz..Diarrhea, cholera etc.

1.3 ROLES AND RESPONSIBILITIES OF ANGANWADI HELPERS

- To cook food for children and marchers.
- To clean the Anganwadi premises daily and fetch water.
- To take care of Cleanliness of the small children.

The above are the roles and responsibilities of Anganwadi workers and the Anganwadi helpers.

In the studies ahead , the Author is going to see what impact do these Anganwadis have and how they have led to Rural development through the Anganwadis of Nagpura sector of Durg District of Chattisgarh.

Chhattisgarh state was formed on 1 st November, 2000. It is the country's 16th most populated state.
There are 27 districts in Chhattisgarh. We shall lay emphasis on Durg district of Chhattisgarh. The district is divided into Urban and Rural sectors. There are two hundred and eighteen (218) anganwadis in Durg rural district and two hundred twenty two (222) anganwadis in Durg urban district. Out of these Nagpura sector, which is a part of Durg (rural) has 31 Anganwadi centers in it.

2.REVIEW OF LITERATURE:

1. ***Maternity and Women wage workers in the informal sector*: Dasgupta J.S, work ,Health and rights , july 2012-Feb2013. :**

   In this article the author stated that there are nearly 42 million females in our country in the informal sector. The anganwadi workers are also a part of them. Their responsibility is to take care of the child and the maternal health, but they are lowly paid. This gives them lower job satisfaction. Civil society organizations have stated that unconditional maternity benefits and universal food security for all women in combination with state financed maternal care of high quality are primary requirements for important maternal well being. And this can go to the people only through anganwadis.

2. ***Changing role of Anganwadi workers:* G.Desai,N.Pandit,D Sharma, Journal of Indian Healthline, 2012.**

   The Authors here have said that the anganwadi worker who are the basic functionaries ICDS, are not treated at par with government employees, but are called contractual workers or voluntary workers. They are paid wages which are very low. And despite these low wages they have to work extensively in villages and in remote areas.

3. ***Educational attainment and income inequality – evidences from household datas of Odisha*: AB Das , D mohapatra, journal of Indian healthline,April 2013,**

   In this articles the paper examines the impact of education on income inequality by gender, caste, religion and occupation ,using primary data collected from 2 districts of odisha, the Anganwadi workers were also a part of the survey. The paper concluded that education was a strong instrument for reducing inequality income in odisha and further it should reach people in rural areas.

4. ***UN &Women:* Mehta A.K,Pratap.S, Ali.A, Jambh.B; unwomen south asia.org, 2012**

   In this paper the authors stated that there is an need to break the vicious circle of poverty and deprivation of women .it is because of gender

   Discrimination and under nutrition that every second woman in India is Anemic .the ICDS focuses on them through Anganwadis. The paper highlights on the gaps in policy formation and implementation and even on the poor conditions of these mediators. (the anganwadi workers). The purpose of this paper was basically to address the policy gaps.

5. ***Changing role of Anganwadi workers –A study conucted in Vadodra district:* Desai. G, Sharma D, Journal of Indian Healthline, June 2012.**

   The authors of this paper revealed that the integrated child and development scheme was initiated nearly 35 years ago,in response to the evident problems of persistent hunger & malnutrition specially

among the the committee. To understand this changing roles , the present study was initiated with the objective to study the changing role of anganwadi workers in the present scenario and the problems of the mere amounts given to them as wages.

6. ***Between State, Market and family: Astudy on Health Workers: Parliwal. K, Neetha.N, Journal of Indian Health,2012***

   The authors of the article are of the view that Women's exclusion from male dominated, public areas and gendered division in care labour are reinforced by employer's preference for unencumbered workers. On the other hand quality and opportunities for employment have grown for educated women but with a very slow economic growth. The anganwadi worker is an example of it, where the women's participation has increased in the past ten years but is marked with a very slow rate of increase in the facilities, incentives and salaries provided to them.

7. ***Negotiating conflicting roles: female community health Workers in rural Rajasthan –a perspective on Indian AnganwadiProgramme.* ; G Jostein, DagrunKyte,DititaleUtigivelserved,Uio, 2012.**

The author of this thesis stated that the anganwadi worker is the newest addition to India's frontline government health worker. Embedded with state health services with a focus on maternal and child care , health and family planning. Their work is to facilitate the use of state health service in pregnancy, delivery, family planning and child care& to bring awareness on state health services through mobilization, counseling and creating awareness. The programme also represents a current governing technology of the Indian states to induce behavioral change in rural

population in health practice. For all this work they are paid very less salaries, they are no paid –for – performance incentives for them.

8. ***Care arrangements & bargain ; Anganwadi and paid Domestic Workers in India*; ParliwalRajani, Neetha N; International Labour Review , feb 2011**

   The article explores state and social understandings of care work in India by examining two categories of non family care workers hired domestic workers and Anganwadi workers classified as volunteer workers in a government programme.

   The Anganwadi workers enjoy some special standings and relatively extensive unionization compared with domestic workers. Also domestic workers have much harder trade offs between their Family's lively hood .how ever there is economic undervaluation in both the categories.

9. ***Three decades of Integrated Child development Service Programme in India;Progress and Problems;* NiyiAwefeso&Anu Ram mohan,;Discipline Of Economics, School of Business, University of Western Australia; March 2011.**

   In their research the writers found out that early childhood development outcomes are important matters of welfare of children .this can predict future health of the nation and human capital. The ICDS scheme was launched in the year 1975 with the objective to lay foundation of Physical, psychological and social development of children in rural India. It was also insisted that the health care

workers also known as the Anganwadi workers would be paid honorarium in stead of salaries. three decades of the programme being implemented the researchers found out that the economic condition of these workers were very low and not very encouraging for them to work in places far from their homes.

10. ***Absence of State laws ;Domestic and Anganwadi workers in India;*****Neegal petha.N, ParliwalRajani, International Labour Review, Nov 2011.**

In this paper the authors have looked into the legal perspective. They say that the state and existing laws and legal concepts in India are unable to, or refuse to deal with the specific nature of domestic workers , their workplaces and their employment relations . Then on recognition of the home as a workplace is identified as a critical factor connected to the invisibility and devaluation of care and unpaid domestic workers as well as much of the women's work in India. One of such examples is that of Anganwadi workers who have to work for long hours but instead of that they are paid honorariums.

11. ***Managing the Human Resource for Poverty and Socio Economic development of Orrisa- with Special reference to Mayurbhanj District. :*****Patnaik S.K, SahuNathD.U;Global Journal of Mangement and Business Research ,vol-1, 2011.**

The Authors here stated that one of the major concerns of Indian planning has been removal of disparities among different sections of the population especially the weaker section. The main objective of their study was to analyze the present socio economic condition of the tribal in the district and to find out the innovation schemes of

development which help in the up liftment of their socio-economic and health conditions.

In their research they found out that the health programmes were not properly implemented due to lack of proper incentives.

12. ***Community Health worker in Global Health Scale and Scalability. ; Annie Liu, Sarah Sullivah, Singh Prabhjot; Mount Sanai Journal of Medicine, Vol78, issue 3, May 2011.***

The authors of this paper are of the view that community health programme has emerged as one of the most effective strategies to address for health shortage .while improving access to and quality of primary health care many developing countries have succeeded in deploying community health workers .(known as Anganwadi workers in India). In recognition of the potential of community health workers to identify the sick and refer them to bigger hospitals in many cases. However challenges in programme design and sustainability are expanded when such programmes are expanded at scale particularly with regard to system management and integration with primary health facilities.

Several non-government organizations provided cases of innovation on management and community health worker programmes that could support a sustainable system that is capable of being expanded without loosing its effectiveness.

This paper explores community health worker programmes that have been deployed at national scale as well as scalable innovations found in successful non-government organizations .and also talks about their present economic status.

13.Life satisfaction among Anganwadi and ASHA workers; **Patil V.U, Rukmini.S, International Journal for Commerce, Management &Economics, vol-1,2011.**

Their research aimed to study the life satisfaction among the Anganwadi and ASH workers . the authors stated that life satisfaction included various social, economic and personal factors. It included different health centers of various villages of Karnataka.

The results indicated that those workers which were of a lower age group (20-30 yrs) had a high level of satisfaction which gradually decreased as their age increased. Moreover the ASHA workers of lower age group had a higher satisfaction of their salaries in comparison to higher age group (30-40 yrs).

14. Unpaid &Overloaded : a cross national perspective on care workers; **RAjani.S, Staab. S; International Labour review , vol-1, 2010.**

The article defines paid care workers and explains why it has become an important arena for research and policy formulation. Drawing on cross national country level analysis of selected occupations ,it highlights basically three findings: a. the employment situation of care workers mirrors broader , country specific labour market condition problems, b. the states role as an employer of care worker is changing as government is increasingly outsourcing such work., c. social policy regimes also shape opportunities for conditions of care

employment. It concluded that both care workers and care recepients are likely to benefit from improved employment conditions.

15. ***The social organization of Care Workers in India*: Challenges and alternative Strategies ;Neetha . N, Palgrave Development Journals.com;2010.**

The Author of this article Stated that the care workers are organized differently in every economy, though the broader contours may suggest some degree of uniformity .understanding the social organization of care worker and the processes involved are important in evolving alternative strategies that are other wise guided by the existing normative assumptions of care. The working condition in different countries may be different but overall low economic condition shows pattern of similarity in all countries.

16. ***ICDS- a study of job performance of supervisors and care workers* ; Rani P.U, journal of Pediatrics ,vol-2, 2010.**

The article states that CIDS is a multi dimensional welfare programme. Achievement of targets depends on job performance of supervisors. . the children live under conditions that gives them poor mental and physical development. All this is because the care workers themselves have poor working and economic conditions.

17. ***Perspectives and Policies- a study of care workers;*Yadav. K, Verma. A; journal of pediatrics 2010.**

In their study conducted over a long period of time the authors viewed that stated that the part time child workers should be paid not less than the minimum wages proportionate to their working

hours .for this they also suggested certain measures that can be taken by the government.

18. ***Nature of preschool education imparted at Angamwadicentre*** **;Quadiri M.F, Manhans .S; ShodhsameekshaMulyankan, 2009.**

The Authors of the article concluded that the Anganwadi workers used local dialect while imparting preschool education so that the children understood things.

But they had grievances in performing job and most of the anganwadi workers had grievances related to low wages drawn by them. The result stated that the timing schedule for the anganwadi centre should be properly planned .the duration of the centre should be increased so that the children get enough time to learn and play, and there should be timely wage revision for the Anganwadi workers as well.

19. ***Role of public health centers in National Rural Health Mission,:*** **Malik, G; Nursing Journal of India, vol-3, 2009.**

The writers of this article viewed that . In India, public health nursing in villages today is still limited to services rendered by multipurpose health worker. ANMs are regarded as the first contact persons between people and organization between needs and services. It is through their activities that people perceive health policies and strategies. It is through them that the planners at upper level gains insight into health problems and needs of the rural people. Therefore a heavy responsibility rests on their shoulders.

The present concern in the country is to provide these workers accessible, affordable and equitable pay packages so that these workers can work at their best and perform at their best.

20. ***The National Rural Health Mission- A stock taking.;*****ShyamAshtekar ; Economic And Political weekly; vol-43;2008.**

The author of the article points out the reasons for the failure of rural health centres. The failure of de centralization , the lack of inter sectoral co-ordination and the under mining of traditional health support , the under fit health workers and their poor pay.are the reasons why the NHRM has not achieved what it was set to achieve.

21. ***Employment, Guarantee, Women's work and Childcare services;*****Naraynan.S; Economic And Political Weekly; vol-43;nov 2008.**

The study was conducted by the author in Tamil Nadu. He found out that the NREGA has brought about majority of rural women. However, the act overlooks the fact that childcare is a problem especially among young mothers. The child care centres are not easily accessible in all the rural areas and the number of workers is also insufficient.

22. ***Meenakshi : a critical review of the health and child care programmes in India*** **; Lahariya. C, Khandekar. H ,Prasuna .J G., International Journal Of Health, 200**0

The authors state that NHRM has been envisaged as a focal point of all the programmes targeted to improve the health of rural people in India. It was widely debated before and after implementation.

It was decided that the Anganwadi worker popularly known as ASHA wouldn't be drawing a fixed salary but performance based compensation, a concept that matched with concept of recruitment in private organizations.

23. ***Growth and Development of pre primary education at Anganwadis in Himachal Pradesh.;*** **Arjun Singh Kanwar,International Journal of Health, 2007.**

The authors have written this paper with context to himachal Pradesh. Anganwadi workers are a part of Unskilled workers who were not even recognized .but in a significant development in Himachal Pradesh , the Anganwadi workers are getting Unionized under some established trade union for getting their social and economic demands addressed. To a great extent these demands have also been met after they had become a strong pressure group at the grass root level.

24. ***Participatory training programme on prevention of HIV with agent exposure among Anganwadiworkers for training young village women;*** **Sudhakar.C, Jain A.G; Indian Journal of Community Medicine, vol-1, 2007.**

This article is based on a survey conducted where most of the Anganwadi workers were from an age group of 26 to 30 years and had at least high school education. The authors of the article tried to

find the effectiveness of agent exposure programme in Uddipi district. The work of these Anganwadi workers was to make people Aware of AIDS and to prevent them selves from it. It was successful to a great extent.

25. ***Health Infrastructure And Immunization coverage in Rural India.*** **;Datar .A ,Sood.N ,Mukherji A, Indian Journal of Medical Sciences ,2007.**

The authors have analysed that Immunization coverage in India is Far from complete with a dis proportionately large number of rural children are far from being immunized. The community health and outreach workers consist of male workers stationed at the local Anganwadi centers. These centers provide day care facalities for children, gives health guidance to villagers and provide them with first aid. Instead of all this they do not receive wages but honorariums.

26. ***Universalization with quality :ICDS with right perspective;*** **Dreze. J; Economic and Political weekly, 2006.**

The article stated that India had some worse indicators of child well being, half of the Indian children are under nourished. This article was published in the special section on ICDS, people working under it, its policies and the work done by ICDS workers.

27. ***Status of child nutrition , ICDS and the five year plans.,*** **Samvand. V; books@google.com,2006.**

The author said that children below six years of age constitute 15% of population .as against requirement only 39.5% Anganwadis are functioning in India, under the integrated Child Development Scheme. According to a perspective document of health department itself only a paltry sum of Rs. 125 per person is allotted in annual budget of the department.

The author also stated that the status of the Anganwadi worker needs attention, they are appointed out of local areas or are those belonging to deprived section of the society. They need proper training but government seems ignorant. In return to their work they are paid a paltry sum of Rs. 1000 as remuneration.

28. ***Participatory assessment of delivery of public health services.;*****ThomasTom,Sridharan .K- Advancing Science and knowledge- living knowledge .org,2005**.

The state is mandated to arbitrate in favour of its poor for it realizes that the praying field to which it commits its citizens sans distinction is unfavorably titled against vast majority.

The authors of this article studied how various health policies framed and implemented by the government reaches people, and how they can take advantage of it. A study of this can be treated as yet another mirror that people are holding to their government.

29. ***Governing population.: the integrated child development service programme in India*** **; Gupta .A ; States of Imagination-books.com;2001.**

The author states that the anganwadi popularly known for child development and pregnant women's nutrition is one of the fastest growing programmes in India. The author in the article gives a brief profile of the Anganwadi worker, and states that they are overloaded, paid lesser for more work. They also have to go in remote areas and in the interior villages for which they are paid very less amount.

30. ***Resource, Attitude and development- the Juang case;*****Rath .A ; challenges of tribal Development;Oxford press. 2000.**

The article states that since independence, public policy in India has sought to protect the tribal communities in the face of their vulnerable exploitation. This paper was prepared keeping in view the situation of central Orissa.

Under ICDS, feeding programme , wheat, iron rich foods and artificial food are being provided to pre primary and primary school children, and pregnant and lactating mothers . these are managed by Anganwadis.

The Anganwadi worker is paid a remuneration of just Rs. 400 for teaching, feeding, caring and maintaining records of a village. This leads to lack of there socio- economic progress.

31. ***Female Health workers- responsibility and constraints*** **; Nanda . P; Health for millions; ncbi.nlm.nih.gov, 1993.**

The author said that 60 to 70 percent of the people seek the health services of a private practioner. Those in rural areas visit Anganwadis. The Anganwadi workers play a major role in providing health services in rural areas. But for all this work they do not receive salaries. Instead, they get honorariums.

The government claims that training women for these grass root services empowers them. But the author objected on the mode of payment. As these workers get low wages against long working hours and work overloads.

32. ***Nutritional beleifs among Anganwadiworkers.;*****Kapil U.K , Gaur D.R, Sood A.K ; Indian Journal of Pedeatrics; 1992.**

The article states that the Anganwadi workers have abstract knowledge about the nutritive value of common foods, dietary beliefs during the antenatal and post pregnancy period, and since they are the immediate resource persons between the public health services and the rural population, these Anganwadi workers should be trained at regular intervals. Through which their knowledge can be upgraded.

33. **Anganwadi worker's participation in rural India. ; Daga R.S, Daga A.s, DigholeR.V,Patil R.P; Indian Journal of Pediatrics ; 1993.**

In this article the author has tried to state that the Anganwadi worker involved in rural new born care acts as a link between the traditional dais and a health worker. She ensures that the pre term babies are

kept warm at home and very small babies are referred to hospitals. The training of these workers were conducted during routine monthly basis and for equipping each was given an amount of mere Rs.110. the author considers this amount to be very less, not encouraging

34. Evaluation of knowledge and efficiency of Anganwadi workers. **;Udani R.H, Chotani S, Arora S ; Indian journal of pediatrics, 1980.**

In this paper, an evaluation of knowledge and competence of Anganwadi workers employed under ICDS schemes of urban slums of Mumbai (then Bombay) was carried out by the authors. They said that.

Significant improvement in the knowledge regarding various aspects of health and nutrition component was noted after a training programme among the Anganwadi workers. It was there fore suggested that more frequent and on the job training should be given to these workers . and their performance should also be constantly monitored.

35. Impact of knowledge of Anganwadi workers on Slum community. ; **Udhani R.H, Patel R.B ; Indian journal of pediatrics , 1983.**

The authors of the article are of the view that The integrated child development schemes of urban slums was launched in the year 1977. The evaluation of knowledge and competence of the Anganwadi workers were carried out in feb-march 1979 and again in the year 1980.

An attempt was made to asses the impact of their health and nutrition components .the study reveals poor knowledge in community despite a good performance of the realtedAnganwadi workers in examination. It was therefore suggested by the authors that an active participation of community in the programme should be encouraged and the terms should be closer. It also suggested that there should be frequent supervisions of these Anganwadi workers

***36. Profile of Anganwadi Workers and their knowledge about ICDS ; .* Lalitkant , Gupta Amrish Mehta S.P.; journal of Pediatrics 1984.**

The authors analysed the profiles of Anganwadi workers in Puri(Orissa). In their study they revealed that 83 % of the Anganwadi workers were trained and 17 percent of them were not trained.

Majority of the workers could not tell even tell the full form of ICDS scheme. None of them could list out their job responsibilities. It was therefore recommended by the authors that the existing training of the Anganwadi workers needs to be evaluated and their socio economic conditions should be strengthened.

3. OBJECTIVES OF THE STUDY.

1. To know and understand the Anganwadi scheme & the working of an Anganwadi center.

2. To understand and analyze the scheme of Anganwadi and its impact on rural economic development of the sector under consideration.

3. To analyze the socio economic status of the Families of the region and their income- employment level & its co relation with the Anganwadi schemes of the area under consideration.

4. RESEARCH METHODOLOGY.

Research methodology includes the method of research to be followed by the researcher to find conclusions on the topic under study. I have chosen the topic ' an analytical study of the Anganwadi Scheme and its impact on rural economy. ' . As a researcher is going to study this with special reference to Nagpura sector. Of Durg district of Chhattisgarh.

4.1 Research Design.

The Anganwadi centers of Durg district has been divided into 2 parts. Anganwadi centers in Durg urban, and Anganwadi centers in Durg Rural area.

The author is going to undertake an analyitcal study on the Anganwadis of NAgpura Sector of Durg district. This area is under durg district (rural).this will help the Author to understand the rural economy better. There are 31 Anganwadi centers in this region each working for a population of 400 and above.

4.2 Target Population.

Since the study is based on Anganwadi scheme the target population shall include Anganwadi workers. We shall include approximately 25

Anganwadi centers, each of them is taken care by an Anganwadi worker and an Anganwadi helper.

The objective of the study also includes rural economic development so the target population shall also include the rural people residing in that area. Therefore we shall also have at least 10 people from each Anganwadi area, which brings to a total of 250 people residing in the area under consideration.

4.3Research tools.

The research tools that shall be helpful for the author in conducting my study includes the following tools:

A .information from the Department of Women and Child Care, government of Chhattisgarh; Durg district (rural).

The study is based on the Anganwadi scheme, which is implemented with the help of anganwadi workers. Who work under the department of women and child care. Information regarding the number of the Anganwadis in the District and the number of workers and a brief knowledge about their honorariums can be attained from this office of the state government.

b. Questionnaire

For the present study , a questionnaire shall be prepared. This questionnaire shall include questions based on job profile of Aanganwadi

workers and how they help in implementation of various programmes of Anganwadi scheme.

Another questionnaire shall be prepared for the local residents to know how Anganwadi has helped in their rural economic development.

c. statistical tool (multiple regression).

Statistical tool shall be used by the researcher to know the impact of the scheme on rural economy. For this we shall use multiple regression . multiple regression analysis is a process for estimating relation among variables. It includes two the dependent and the independent variable.

It is used when we want to predict the value of one variable using another two variables. We have the Anganwadi scheme and the workers working in the scheme as one variable and the rural population and its development as another variable, in the study ahead we shall try to co relate them, and see its overall impact on the rural economy of the region.

HYPOTHESIS:

The following can be the hypothesis to the study:

H0: Anganwadi scheme is co related to the Rural economy of the area under consideration.

H1: Anganwadi schemes and workers have no direct impact and are not directly co related to the rural economy of the area under consideration.

H2: Anganwadis directly co-related to the income- employment level of household of rural economy of area under consideration.

H3: Anganwadi workers are not directly co related to the income-employment level of rural economy of area under consideration.

EXPECTED OUTCOME OF THE RESEARCH:

The following can be the expected out comes of the research work:

1. As the research is based on the Anganwadi scheme & anganwadi workers , analyzing their economic development, this may be helpful to the state government in framing policies for their economic development.
2. The research is also based on rural development, so this is expected that this research helps in creating awareness for Anganwadis and helps in possible development of the rural areas .

3. The research may also prove helpful to the society for understanding income-employment relation ship and its relation with Anganwadis.

5. LIMITATIONS OF THE STUDY.

The following shall be the limitations of the study to be undertaken:

1. The study undertaken is restricted to the Anganwadi centers of Nagpura sector of Durg district.

2. The lack of awareness among people in general and among Anganwadi workers shall be a problem.

3. Non responsiveness of the Anganwadi workers and the rural people residing in area under consideration can be a limitation to the study.

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PLAN OF STUDY

The study shall be carried out by the author in the following manner:

- Chapter 1 – Anganwadi scheme- an introduction.
- Chapter 2 – Anganwadi workers and their duties and responsibility.
- Chapter 3- Nagpura sector of Durg district of Chhattisgarh
- Chapter 4- Rural economy & impact of Anganwadis on it.
- Chapter 5 – Assessment of impact on Rural economy.
- Chapter 6 – conclusions and recommendations.
- Chapter 7- Bibliography.

We can make changes in the above chapterisation as and when required.

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